

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Maxwell for Congress

ADDRESS (number and street)

11906 Arbor St #100

Check if different
than previously
reported. (ACC)

Omaha

NE

68144

2. FEC IDENTIFICATION NUMBER ▼

C

C00565598

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NE

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles Francis Maxwell III

Signature of Treasurer

Charles Francis Maxwell III

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

02

17

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 15

Write or Type Committee Name

Maxwell for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10260.00	30126.51
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10260.00	30126.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28575.90	38142.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	28575.90	38142.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1983.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 15

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Maxwell for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

8200.00

26150.00

(ii) Unitemized.....

2060.00

3976.51

(iii) TOTAL of contributions from individuals ▶

10260.00

30126.51

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10260.00

30126.51

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

10000.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

20260.00

40126.51

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28575.90	38142.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28575.90	38142.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10299.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20260.00
25. SUBTOTAL (add Line 23 and Line 24).....	30559.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28575.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1983.71

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 15

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maxwell for Congress

A. Full Name (Last, First, Middle Initial)
Richard Bettger

Mailing Address 13102 W Dodge Rd

City	State	Zip Code
Omaha	NE	68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
House of MufflersOccupation
owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

500.00

check

B. Full Name (Last, First, Middle Initial)
Dr. James Dunlap

Mailing Address 3246 N 159 St

City	State	Zip Code
Omaha	NE	68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

250.00

check

C. Full Name (Last, First, Middle Initial)
Julie Maschka

Mailing Address 2604 N 160 Ave

City	State	Zip Code
Omaha	NE	68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Benefit GroupOccupation
vice president

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

250.00

office resources

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maxwell for Congress

Full Name (Last, First, Middle Initial) Julie Maschka		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015
Mailing Address 2604 N 160 Ave		Transaction ID : SA11AI.4222
City Omaha	State NE	
Zip Code 68116		Amount of Each Receipt this Period 250.00 office resources
FEC ID number of contributing federal political committee. C		
Name of Employer The Benefit Group	Occupation vice president	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Julie Maschka		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Mailing Address 2604 N 160 Ave		Transaction ID : SA11AI.4223
City Omaha	State NE	
Zip Code 68116		Amount of Each Receipt this Period 250.00 office resources
FEC ID number of contributing federal political committee. C		
Name of Employer The Benefit Group	Occupation vice president	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Patricia Maxwell		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015
Mailing Address 5535 N 153 St		Transaction ID : SA11AI.4170
City Omaha	State NE	
Zip Code 68116		Amount of Each Receipt this Period 2700.00 check
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation occupational therapist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

Tomas Maxwell

Mailing Address 3835 California St

City

Omaha

State

NE

Zip Code

68131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Pacific

Occupation

call center manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2015

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

500.00

check

Full Name (Last, First, Middle Initial)

Anthony Metz

Mailing Address 123 N 55 St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

250.00

check

Full Name (Last, First, Middle Initial)

Michael Meyer

Mailing Address 9909 Broadmoor Rd

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer

McCarthy Capital

Occupation

operating partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

500.00

check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maxwell for Congress

A. Full Name (Last, First, Middle Initial)
Duncan Murphy

Mailing Address 3306 S 173 St

City State Zip Code
Omaha NE 68130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Riekas Equipment president

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

250.00

check

B. Full Name (Last, First, Middle Initial)
David Nabity

Mailing Address 21401 Greenbrier Dr

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nabity Business Advisors owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

500.00

check

C. Full Name (Last, First, Middle Initial)
Michael Pryor

Mailing Address 1298 Hillcrest Ave

City State Zip Code
Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Children's Respiratory Care physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

1000.00

check

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maxwell for Congress

Full Name (Last, First, Middle Initial)

Pat Stolp

Mailing Address 2635 N Broad St

City

Fremont

State

NE

Zip Code

68025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhorn Valley TrucksOccupation
owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11Al.4164

Amount of Each Receipt this Period

1000.00

check

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

8200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

Charles Francis Maxwell III

A.

Mailing Address 3835 California St

City

Omaha

State

NE

Zip Code

68131

FEC ID number of contributing
federal political committee.

C H4NE02120

Name of Employer
candidateOccupation
candidate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA13A.4455

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

10000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

A. Automatic Printing

Mailing Address 1713 Cuming St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
Omaha	NE	68102

Amount of Each Disbursement this Period

3432.84

Purpose of Disbursement
flyer

006

Transaction ID : SB17.4103

Candidate Name

Maxwell for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE

District: 02

Full Name (Last, First, Middle Initial)

B. Firespring

Mailing Address 10913 E Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Omaha	NE	68137

Amount of Each Disbursement this Period

3014.42

Purpose of Disbursement
Christmas card processing

006

Transaction ID : SB17.4129

Candidate Name

Maxwell for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE

District: 02

Full Name (Last, First, Middle Initial)

C. Julie Maschka

Mailing Address 2604 N 160 Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Omaha	NE	68116

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
office resourcesCategory/
Type

Transaction ID : SB17.4221

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3432.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

A. Julie Maschka

Mailing Address 2604 N 160 Ave

City	State	Zip Code
Omaha	NE	68116

Purpose of Disbursement
office resources

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4225

B. Julie Maschka

Mailing Address 2604 N 160 Ave

City	State	Zip Code
Omaha	NE	68116

Purpose of Disbursement
office resources

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4224

C. Mineral Interactive

Mailing Address 8134 S. 105th Street

City	State	Zip Code
La Vista	NE	68128

Purpose of Disbursement
Mineral Interactive

Candidate Name

Maxwell for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4113

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

A. MSR GroupMailing Address 1121 N 102nd Ct
Suite 100

City Omaha State NE Zip Code 68114

Purpose of Disbursement
poll

005

Category/
Type

Candidate Name

Maxwell for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

9065.00

Transaction ID : SB17.4107

B. Nebraska GOP

Mailing Address 1610 N St

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
NE Republican Party Founders Event

011

Category/
Type

Candidate Name

Maxwell for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

460.00

Transaction ID : SB17.4110

c. Nebraska GOP

Mailing Address 1610 N St

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
NE Republican 2016 Kickoff

011

Category/
Type

Candidate Name

Maxwell for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2015

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4114

SUBTOTAL of Disbursements This Page (optional).....

9725.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maxwell for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 139 S 144th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
postage

003

Amount of Each Disbursement this Period

294.00

Transaction ID : SB17.4102

Candidate Name

Maxwell for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 139 S 144th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
postage

003

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.4104

Candidate Name

Maxwell for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 139 S 144th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
postage

004

Amount of Each Disbursement this Period

9136.71

Transaction ID : SB17.4128

Candidate Name

Maxwell for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NE District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9528.71

28186.55

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4455

Maxwell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Charles Francis Maxwell III

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3835 California St

City

State

ZIP Code

Omaha

NE

68131

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 18 / 2015M M / D D / Y Y Y Y
11/30/16Y Y Y Y / Y Y Y Y
11/30/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.